Eastwick Barn Limited

Patcham Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 27 June 2017. Patcham Nursing Home was previously inspected in 14 April 2015, where we identified areas of practice that needed improvement.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made the required improvements. We found improvements had been made. However, we identified further areas that needed improvement. The overall rating for Patcham Nursing Home has changed from 'Good' to 'Requires improvement'.

Patcham Nursing Home provides personal care, accommodation and nursing care for up to 30 people. On the day of our inspection there were 25 older people at the service, some of whom were living with dementia and chronic health conditions. The service is spread over two floors with a communal lounge/dining room, a further sun lounge and a garden.

There was a manager in post, who had applied to become the registered manager. However, at the time of our inspection, they were not registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were stored safely and in line with legal regulations and people received their medication on time. However, safe procedures for the administration of the medication were not routinely being followed, which placed people at potential risk of receiving their medicines incorrectly. We have identified this as an area of practice that needs improvement.

We have made a recommendation about the management of medicines.

Staff had received essential training and there had been opportunities for additional training specific to the needs of people. However, we saw that several members of staff had not received essential updated 'refresher' training in a timely manner. This is an area of practice that needs improvement.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People and relatives told us they felt the service was safe. They remained protected from the risk of abuse because staff understood how to identify and report it.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have choice and control of their lives and

staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. They supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs continued to be met and people reported that they had a good choice of food and drink.

People remained encouraged to express their views. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed. They enjoyed taking part in meaningful activities both in the service and the community.

Staff felt fully supported by management to undertake their roles. People, staff and relatives found the management team approachable and professional.

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team and this was observed throughout the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were stored appropriately, however, safe procedures for the administration of the medication were not routinely being followed.

Staff knew how to protect people from abuse and were aware what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who received training and supervision. However, some essential training had not been updated in a timely manner.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive and is now rated as Good.

Care plans were in place, which were personalised to reflect peoples' needs, wishes and preferences.

People were supported to take part in meaningful activities.

Comments and compliments were monitored and complaints acted upon in a timely manner.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Patcham Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection of Patcham Nursing Home on 27 June 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. We previously carried out a comprehensive inspection at Patcham Nursing Home on 14 April 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to the planning of person centred care. The service received an overall rating of 'good' from the comprehensive inspection on 14 April 2015.

Two inspectors and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas and over the two floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, staff files, training records and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with six people living at the service, four relatives/friends, four care staff, the manager, the regional manager, a registered nurse, the activity co-ordinator and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information

about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Patcham Nursing Home, the care was good and the environment was safe and suitable for their individual needs. One person told us, "I don't see anything that I worry about for myself". Another person said, "I would speak to anyone here if I wasn't happy or if I was worried, you can speak to them definitely without fear". Everybody we spoke with said that they had no concerns around safety. However, we found areas of practice that needed improvement.

We looked at the management of medicines. Registered nurses were trained in the administration of medicines. We observed medicines being administered sensitively by a nurse. They administered them to people in a discreet and respectful way. However, we saw that for one person, the nurse had already signed the Medication Administration Record (MAR) chart in the morning to say that the person had received their lunchtime medication. They acknowledged their error, but had not put a note or any other information in the MAR to show what had happened. This could have potentially placed this person at risk of not receiving their lunchtime medication, as the MAR incorrectly stated that it had already been taken. Additionally, we saw that for another person, the nurse signed that the person had taken their medicine before it had been administered. Care home staff should complete the MAR only when a person has taken their prescribed medicine, and the individual record should be completed before moving on to the next person. This is to reduce the risk of MAR's being recorded incorrectly. Furthermore, on two occasions whilst administering medication to people in their rooms, the nurse did not close and lock the medicines room. This could potentially place people at risk of accessing medicines that had not been prescribed for them. We raised this with the manager, who agreed that best practice guidelines, and the correct procedure for the administration of the medication as set out in the providers own policy and procedural documentation had not been followed. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. We also saw that regular auditing of medicine procedures had taken place. We checked the MAR charts of a further six people and saw they were accurate. No harm came to anybody in light of the issues we identified, and nobody we spoke with expressed any concerns around their medicines. However, the above issues around medication administration and recording have been identified as an area of practice that needs improvement.

We recommend the provider should take into account the National Institute of Clinical Excellence (NICE) guidance on 'Managing Medicines in Care Homes'. Additionally, we recommend the provider should take into account ongoing learning and development guides in adult social care by Skills for Care.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The manager told us that existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used if required. We received mixed feedback when we asked people and staff whether they felt the service had enough staff. One person told us, "Sometimes they have to get agency staff, but not often, so it's usually carers I know in the main". Another person said, "There's not enough staff. They have these people who are on this end of life, these people are very ill and need feeding when everyone needs to go to the toilet". One member of staff told us, "It's extremely busy, but we always

have a smile on our face. I actually love working here, even if it is a bit stressful. Its heavy work, but I feel that we are giving the best care that we can. It's definitely safe, but it's difficult sometimes". Another said, "The care is good, but some days it feels like we like an extra member of staff would make all the difference". However, on the day of the inspection, our own observations identified that care and support was delivered safely by appropriate numbers of staff.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the community and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, regular checks had taken place of water temperatures and portable appliance testing (PAT). There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Requires Improvement

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I don't know what training they do, but they all seem pretty good to me". Another person said, "When I first came here they asked me what I wouldn't want to eat and they have been very good and not presenting me with any of those things". However, despite the positive feedback, we identified areas of practice that need improvement.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, safeguarding adults and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia and palliative care (end of life). Registered nurses received on-going clinical training which also maintained their continuing professional development. Training included nutrition and end of life care. Systems were also in place to support nursing staff to revalidate with the Nursing and Midwifery Council (NMC).However, records showed that a number of staff had not received updated 'refresher' training in a timely manner. One member of staff told us, "I hardly had any training before, but now I'm doing much more and it's to do with my role specifically". Another member of staff said, "Since [manager] has come in, there has been a real push on training as it had lapsed". A further member of staff added, "Training is better now. I've had lots of training this month, as it had got behind". We raised this with the manager who showed us evidence that they had scheduled staff to attend the required training courses for their updates. Updates of relevant training are important to ensure that care staff remain up to date with sector specific information, such as any new legislation and good practice guidelines within the sector. We have identified the above issues in relation to training as an area of practice that needs improvement.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Patcham Nursing Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction and shadowing staff was useful, as I'd not done care work before". There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the manager with any concerns or queries. One member of staff told us, "You only have to approach [manager] and she will make supervision available for you".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Members of staff recognised that people had the right to refuse consent. The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. One person told us, "I've needed the doctor twice at least and I've no reason to think they wouldn't get me medical assistance if I need it". Staff were committed to providing high quality, effective care. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors and chiropodists whenever necessary.

People were mostly complimentary about the food and drink. One person told us, "It's lovely this pudding, it's nice and light, very tasty". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as soft and fortified diets. Where people were at risk nutritionally, we saw appropriate referrals had been made to a dietician or SALT teams. Some people were required to have a food and fluid chart in place and these were completed appropriately. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef confirmed that alternative choices of meal were always available, and there were no restrictions on the amount or type of food people could order.

We observed lunch in the dining area. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room. Tables were set with place mats, napkins and glasses. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People and relatives felt staff were consistently kind and caring. One person told us, "They are so good, I find them friendly and helpful, I've never fallen out with them". Another person said, "They are absolutely wonderful and always so helpful".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. We saw people moving freely around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One person told us, "I've always had my hair done every week, and that continues here". Another person said, "I prefer to be in my room where it's nice and quiet and I've got a lovely view". Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to.

People told us they remained involved in day to day decisions that affected their lives. One person told us, "I have a shower twice a week and that suits me". Another person added, "I can have one [shower or bath] as often as I like really, it's up to me". Observations and records confirmed that people were able to express their needs and preferences. A member of staff added, "The residents are not in a prison, it's their life and their home. We don't make the rules, it's their choice". Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "They know I don't like males to undress me, so they'll let the lady carer do all that and then they just step in when that's all done. They're very understanding and they make it light hearted so I'm not conscious of it. It's all done very sensitively". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on people's doors before entering, to maintain people's privacy and dignity and people were able to spend time alone and enjoy their personal space. One person told us, "I stay in my room. I love my room it's very cosy and I've got my own kettle. I think my rooms homely".

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "I encourage people to do things for themselves and keep them safe". People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and

able to continue to do things for themselves. Records and our own observations supported this.

Good

Is the service responsive?

Our findings

At the last inspection on 14 April 2015, we identified areas of practice that needed improvement. This was because we identified issues in respect to the planning of person centred care. We saw that the required improvements had been made.

At the last inspection, care plans did not routinely contain people's life histories, their likes and dislikes, goals, aspirations and fears. We saw that improvements had been made and documentation now reflected this. The manager told us, "All of the care plans have been updated to be person centred. We have implemented a resident of the day system to review them. All the care plans are now up to date". A member of staff added, "The care plans have enough details in them. They never used to, but they do now". Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The manager added, "We review the care plans with relatives and the 'My life story' work has been done". The care plans were detailed and gave descriptions of people's needs, wishes, preferences and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. Care plans contained details of people's likes, dislikes and preferences. For example, one person's care plan stated that it was important to them that they wore nail varnish and we saw that this was the case. Other care plans informed staff on how and at what time people would like their breakfast served and where they wished to sit. Staff told us they knew people well and had a good understanding of their history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. For example, a member of staff told us how one person had a very specific routine around their personal care and that only one task could be attempted at a time. Another member of staff told us detailed information about a person's day to day plans and clearly demonstrated that they knew them well.

People told us they were listened to and staff knew them well, respected their preferences and responded to their needs and concerns. One person told us "They always put my telephone on the table for me later on in the day as that's when I'll use it". Another person said, "I have a glass of wine every evening. It's something myself and my husband did and he made me promise before he became ill that I would always carry it on". A further person added, "I do like those people coming in [entertainers], it's very good to listen to".

People had access to a range of activities and could choose what they wanted to do. Staff undertook activities with people and external entertainers. Activities on offer included arts and crafts, exercise, games, films, reminiscence exercises and visits from external entertainers. Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw the activity co-ordinator spending time with people and offering them manicures. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which

enabled staff to provide activities that were meaningful and relevant to people. For example, feedback from one person resulted in staff making fabric swatches for a person who is blind, which has created a reminiscence exercise for them. By touching the different fabrics the person's memories connected with clothing that they used to have, thus creating conversations.

People told us they were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. One person told us, "We've met [manager] and she seems very good". Another person said, "My daughter checked them all out locally [care homes] and this was the best". A relative added, "There's nothing negative to say".

There was a manager in post, who had applied to become the registered manager. However, at the time of our inspection, they were not registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People looked happy and relaxed throughout our time in the service. People and staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. One person told us, "Couldn't fault it here". A relative told us of the negative experience of care their relative had received in their previous service, they said, "This is totally different and they do their best to make [my relative] comfy and clean, it's a totally different home and I'm happy with the new manager". When asked why the service continued to be well led, one member of staff told us, "Things have really improved since the new manager has arrived. The ideas she's having and the regular meetings are good. She always backs up the things she says and they get done". Another member of staff said, "[Manager] is making an obvious push to improve things. I think she is really good, really approachable. I think she'll be really good for this place, her door is always open and she is very supportive and motivated".

The manager showed passion and knowledge of the people and staff who lived and worked at the service. They told us, "I am a considerate and fair manager. I care about people and I am passionate. I implement change and I get people involved, I'm very driven. I am calm and not excitable and this helps the residents and staff to stay calm. I talk to the residents every day and the staff work very hard. We want to learn, we learn from every single person". A member of staff said, "This is a lovely little nursing home. I'd put my relative here definitely". Staff commented that communication was good and they approached concerns as a team. One member of staff said, "I can't fault the staff, we work well together and support each other. Handover meetings are really useful and we have regular staff meetings".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Staff continually looked to improve and had worked effectively with the local authority and clinical commissioning group (CCG) in order to develop systems and best practice in relation to people's care.

Services that provide health and social care to people are required to inform the Care Quality Commission

(the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.